MAS2. HS30.2: W84/5
UMASS/AMHERST
312066016563318

Women

& Cancer

GOVERNMENT DOCUMENTS
COLLECTION

FEB 12 1998

University of Massachusetts
Depository Copy

CONTENTS

INTRODUCTION, 3

BREAST CANCER, 4

CERVICAL CANCER, 8

COLORECTAL CANCER, 12

LUNG CANCER, 16

MELANOMA, 18

OVARIAN CANCER, 22

UTERINE CANCER, 26

GLOSSARY, 29

RESOURCES, 31

GRASS, BY CAROL DINE, 32

INTRODUCTION

Breast, cervical, colorectal, lung, melanoma, ovarian, and uterine are the 7 leading cancers in Massachusetts women.* This booklet will help you learn about prevention, risk factors, symptoms, screening, and methods of early detection.

It's reassuring to know that there are preventive measures that help protect women against cancer. The most important include not smoking, a healthy diet, adequate physical activity, protection from the sun, and maintaining a healthy environment.

However, these measures alone are not enough to protect you from cancer. Regular screening must accompany a healthy lifestyle. Recognizing cancer's symptoms and seeking help right away can lead to an early diagnosis, which provides the greatest opportunity for successful treatment. Simply stated, early detection saves lives.

Due to the wide variety of treatments which must be individualized to each person and each cancer, treatment is not discussed in this booklet. If a diagnosis of cancer is made, it is important to work with your doctor to understand his or her recommendations and to come to an agreement about your treatment.

Because the diagnosis of cancer can be overwhelming, it may be helpful to have a relative or friend with you when you talk to your doctor to help you listen, take notes, ask questions, and to be certain that you understand what has been said.

If at any point you feel uncomfortable with your doctor's recommendations, get a second opinion from another doctor at a different hospital or practice.

This booklet is written out of concern for all women facing cancer, either in themselves or in the diagnosis of a friend or family member. It is dedicated to these women and their families and to their great courage in facing the disease.

*Skin cancer, including basal cell, squamous cell, and melanoma, is actually the most common cancer, but when caught early can be treated easily by a dermatologist. Therefore, only melanoma is included in this booklet.

Breast Cancer

Because the diagnosis of cancer can be overwhelming, it may be helpful to have a relative or friend with you when you talk to your doctor to help you listen, take notes, ask questions, and to be certain that you understand what has been said.

Breast cancer accounts for slightly more than a third of all cancers found in Massachusetts women. With the exception of skin cancer, breast cancer is the most common form of cancer in women. Risk of developing breast cancer increases with age, and it is important to note that 75 percent of breast cancers occur in women with no risk factor other than age.

RISK FACTORS AND PREVENTION

Along with simply growing older, one of the major factors placing you at a higher risk may be a family history of the disease. Having a sister, mother, or daughter with breast cancer is associated with a greater chance of developing it yourself. If your relative's breast cancer occurred before she entered menopause, the chance of your developing the disease is even greater.

Other risk factors for breast cancer include:

- Late age of first birth or never having had a child;
- Prior personal history of breast cancer;
- Radiation therapy to the chest area (for example, in the treatment of Hodgkin's disease), especially if this treatment occurred between the ages of 11 and 30;
- Early menstruation or late menopause, both of which result in a woman menstruating over a longer period of time;
- Inheriting a mutation in certain genes.

Some risk factors are part of the fabric of people's lives and cannot be altered. Other risk factors are a matter of choice. For example, studies have shown that consuming more than three alcoholic drinks per day

EVERY DIAGNOSIS OF BREAST CANCER IS SOMEWHAT DIFFERENT, AND SITUATIONS AND TREATMENTS VARY. IT IS IMPORTANT TO UNDERSTAND WHAT OPTIONS ARE AVAILABLE TO YOU AND TO DISCUSS THESE CHOICES WITH YOUR DOCTOR.

In Massachusetts, due to a greater number of women participating in breast cancer screenings, an increasing number of cases are being diagnosed at earlier, more treatable stages.

may increase your chances of developing breast cancer. Eating a high fat diet, not getting enough physical activity, and exposure to pesticides and PCBs may also be risk factors. There is a possible link between taking estrogen and breast cancer.

SCREENING

The earlier the disease is found, the greater the chance of successful treatment. Every woman age 20 and older should examine her own breasts on a monthly basis, three to five days after the end of each period. Women who are no longer menstruating should establish a routine and examine their breasts on the same day of each month. Women age 40 and older should also have an annual clinical breast exam and a mammogram.

SYMPTOMS

The warning signs of breast cancer include:

- A lump or thickening of the breast (whether painless or painful);
- Bloody discharge from the nipple;
- Dimpling or puckering of the skin;
- Retraction of the nipple into the breast;
- Scaly skin around the nipple, or other changes in skin color or texture;
- Swelling, redness or the sensation of heat in the breast;
- A lump in the armpit;
- Unusual, persistent pain or tenderness in the breast, arm or chest wall.

If any symptom is noticed, call your doctor.

TREATING BREAST CANCER

Every diagnosis of breast cancer is somewhat different, and situations and treatments vary. It is important to understand what options are available to you and to discuss these choices with your doctor.

Breast cancer is usually treated by one of two surgical procedures: a lumpectomy or a mastectomy.

A lumpectomy is an operation that removes the tumor and some tissue surrounding it; the rest of the breast is left intact. A mastectomy removes the entire breast. Some of the lymph nodes in the armpit also may be removed for examination.

Radiation, chemotherapy, and hormonal therapy may also be recommended.

In Massachusetts, due to the increasing number of women participating in breast cancer screenings, more cases are being discovered at earlier, more treatable stages. Regular self-examination, screening, and a woman's recognition of her own risk factors are crucial when dealing with breast cancer.

Cervical Cancer

Most cases of cervical cancer found at their earliest, pre-invasive stage can be cured almost 100 percent of the time. This is a positive note in the fight against cancer and is due largely to a screening technique called the Pap test. The cervix is the narrow, lower portion of a woman's uterus. In the Pap test, a small sample of cells is collected from the surface of the cervix and examined under a microscope.

Cervical cancer can be treated most effectively if it is detected before you have noticeable symptoms.

RISK FACTORS AND PREVENTION

There are several risk factors which contribute to the likelihood of developing cervical cancer. Some can be avoided, such as smoking and exposure to secondhand smoke. Others, such as growing older, are inevitable.

Some known risk factors are related to behavior and include:

- Having intercourse before the age of 19;
- Having multiple sexual partners and having intercourse without a condom;
- Having syphilis or other sexually-transmitted diseases;
- Having genital herpes;
- Having HIV (the virus that causes AIDS), and/or HPV (the virus that causes genital warts).

There are several risk factors which contribute to the likelihood of developing cervical cancer. Some can be avoided, such as smoking and being exposed to secondhand smoke. Others, such as growing older, are inevitable.

MOST CASES OF CERVICAL CANCER FOUND AT THEIR EARLIEST, PRE-INVASIVE STAGE CAN BE CURED ALMOST 100 PERCENT OF THE TIME.

There is growing evidence that a lack of vitamin A, vitamin C, and folic acid may place you at higher risk, so eating fresh fruits and vegetables is recommended.

Other preventive measures can be taken as well:

- Delay sexual activity until after age 19;
- Limit your number of sexual partners and have your partner use a condom during intercourse;
- Don't smoke and avoid secondhand smoke.

Since there are usually no early warning signs of cervical cancer, it is extremely important for all women age 18 and older to have a pelvic exam and a Pap test annually.

SCREENING

Since there are usually no early warning signs of cervical cancer, it is extremely important for all women age 18 and older to have a pelvic exam and a Pap test annually. If you are younger than 18 and are sexually active, you should also have a regularly scheduled pelvic exam and Pap smear.

If you have had a hysterectomy and still have your cervix, you need an annual Pap test. Even if the cervix has been removed, a yearly pelvic exam is recommended.

SYMPTOMS

Although early warning signs of cervical cancer are rare, any of the following symptoms should be checked by a doctor:

- Vaginal discharge that may be light and watery, or bloody, and may smell bad;
- Unusual vaginal bleeding (not a menstrual cycle);
- Bleeding after sexual intercourse;
- Pain in the lower back, pelvic area, or vagina;
- Weight loss or loss of appetite;
- Urinary problems or constipation.

DETECTION

Sometimes, the results of a Pap test indicate that the cells are changing shape or size, a condition known as dysplasia. Although not considered a form of cancer, dysplasia, if left untreated, may develop into cervical cancer. Finding dysplasia is cause for further evaluation, usually with a colposcopy. A colposcopy is an internal examination using an instrument that lights up and magnifies the cervix. A biopsy of the cervix may also be taken.

Colorectal Cancer

Although the cause of colorectal cancer is not known, studies show that a lack of physical activity increases your chance of developing it. Colorectal cancer is also associated with a low-fiber, high-fat, high-protein diet.

Over the course of a woman's life, the chances of developing colorectal* cancer increase steadily with age. Excluding skin cancer, colorectal is the third most common type of cancer found in women. Since most people with colorectal cancer have none of the known risk factors, routine screening is imperative for early diagnosis.

RISK FACTORS AND PREVENTION

Although the cause of colorectal cancer is not known, studies show that a lack of physical activity increases your chance of developing it. Colorectal cancer also is associated with a low-fiber, high-fat, high-protein diet. Other risk factors may be found in your medical history or your family's medical history:

- Having colorectal polyps, Crohn's disease, ulcerative colitis, or a personal history of breast, ovarian or endometrial cancer;
- Having family members with colorectal polyps or cancer increases your risk, often at an earlier age than in a person without a family history of these problems.

*The colorectal area is the lowermost portion of the intestinal tract.

Although the majority of women diagnosed with colorectal cancer have none of these risk factors except age, it is still recommended that you:

- Reduce the amount of fat in your diet;
- Eat high-fiber foods such as whole grains, fruits, and vegetables;
- Avoid smoking and drinking alcohol;
- Be as physically active as possible.

Benign growths on the inside lining of the colon (polyps) should also be removed as they could become cancerous over a period of time.

SCREENING

Beginning at age 50, the recommended screening methods for colorectal cancer are:

- An annual stool blood screening;
- A flexible sigmoidoscopy (an examination of the rectum and lower bowel) every five years.

SYMPTOMS

Any woman with persistent intestinal problems should see a doctor promptly. The most common warning signs of colorectal cancer include:

- Blood in the stool (sometimes only detectable through a stool blood test);
- Changes in bowel habits;
- Abdominal pain that does not go away;
- Losing weight without trying;
- Unexplained anemia.

Other symptoms may include:

- Abdominal bloating;
- The sensation of an incomplete bowel movement;
- Pencil-thin stool;
- Pain in the lower back;
- Bladder symptoms such as the frequent sensation of having to urinate;
- An enlarged liver.

Since most people with colorectal cancer have none of the known risk factors, routine screening is imperative for early diagnosis.

DETECTION

Treatment of colorectal cancer can be most effective if the disease is found during the earlier stages. Suspected colorectal cancer may be further evaluated by sigmoidoscopy, colonoscopy (a visual exam of the colon using a slender, lighted instrument inserted into the rectum), or a barium enema (which allows x-ray visibility of the entire colon). A biopsy also may be required at some point.

OVER THE COURSE OF A WOMAN'S LIFE, THE CHANCES OF DEVELOPING COLORECTAL CANCER INCREASE STEADILY WITH AGE.

Lung Cancer

Lung cancer* is the leading cause of cancer deaths and the second most common cancer among Massachusetts women. Since 85 percent of all lung cancer cases are caused by cigarette smoke, the cancer risk associated with smoking cannot be overstated. Frequent exposure to secondhand smoke is also associated with lung cancer, as is occupational exposure to some chemicals including arsenic, asbestos, chromium compounds, coal tars, mustard gas, nickel, petroleum, radioactive ores, radon, and uranium.

PREVENTION

To prevent lung cancer, don't smoke and avoid secondhand smoke. Because radon is also thought to be associated with lung cancer, it is recommended that the air quality of your home be tested and the ventilation checked.

Nearly 1,800 women in Massachusetts will receive a diagnosis of lung cancer this year.

This number could be drastically reduced if women avoid smoking and secondhand smoke.

SYMPTOMS

There are no screening tests for lung cancer. There are, however, a number of warning signs that could indicate lung cancer. Schedule a doctor's appointment immediately if you have any of the following:

- A lingering smoker's cough;
- A cough in nonsmokers that lasts for more than two weeks;
- Chest pain even when you're not coughing;
- A wheezing sound when breathing;
- Shortness of breath or finding it hard to breathe;
- Spitting up blood;
- Spitting up fluid that has changed in color or volume;
- Shoulder or arm pain;
- A hoarse voice;
- Recurring pneumonia or bronchitis;
- Fever or weakness;
- Unaccountable weight loss;
- Difficulty swallowing;
- Enlarged lymph nodes in the neck;
- Drooping of one eyelid (Horner's syndrome);
- Club-shaped finger tips.

*The references to lung cancer in this section also include cancer of the bronchus, the tubes that carry air to and from the lungs.

DETECTION

Diagnosing lung cancer may involve:

- A chest x-ray;
- A biopsy;
- A bronchogram (an x-ray of the tubes that carry air to the lungs);
- A bronchoscopy (a lighted tube slid down the throat);
- CT (computed tomographic) scanning (x-ray of organs inside the body);
- Mediastinoscopy (a slender instrument inserted through a cut in the neck to remove nodes for biopsy);
- Microscopic sputum (spit) exam;
- A pulmonary function test to determine how well the lungs are working during exercise;
- A thoracentesis, in which a needle is used to withdraw fluid for microscopic examination;
- A transthoracic needle aspiration, which also uses a needle to remove a piece of tissue for biopsy;
- A thoracoscopy, where a slender, lighted instrument is inserted into the lung cavity to examine the lung and chest wall and to take tissue samples.

Nearly 1,800 women in Massachusetts will receive a diagnosis of lung cancer this year. This number could be drastically reduced if women avoid smoking and secondhand smoke.

Melanoma

BROAD-BRIMMED HATS AND LONG-SLEEVED SHIRTS AND PANTS SHOULD BE WORN FOR PROTECTION. BABIES, ESPECIALLY, SHOULD BE PROTECTED FROM THE SUN, INCLUDING SUN THAT REFLECTS OFF SAND AND WATER.

Melanoma is the most deadly of all types of skin cancer. Some of the principal risk factors for the disease are comparatively easy to identify and avoid. Others, including family history and race, cannot be modified.

RISK FACTORS AND PREVENTION

Several melanoma risk factors involve sun exposure. A white woman with a pale complexion is at a much greater risk than a black woman. Other melanoma risk factors include:

- Having been sunburned repeatedly in childhood;
- Having a tendency to freckle or sunburn easily;
- Having atypical moles;
- Having a mole that has changed or finding a new mole after the age of 30;
- Having previously had melanoma or a family history of melanoma.

Melanoma is the most deadly of the many types of skin cancer. Some of the principal risk factors for the disease are comparatively easy to identify and avoid. Others, including family history and race, cannot be modified.

Because so many of the risk factors involve exposure to the sun, sun safety is important. Limit your time in the sun between 10 a.m. and 4 p.m. Sunscreens of SPF 15 or higher should always be used, and reapplied every two hours or after swimming or sweating, even if the sunscreen is waterproof. Broad-brimmed hats and long-sleeved shirts and pants should be worn for protection. Babies, especially, should be protected from the sun, including sun that reflects off sand or water.

Your skin is more sensitive to the sun if you're taking antibiotics, sleeping pills, or pills to prevent water retention. The use of tanning booths and sunlamps also can lead to melanoma and should be avoided.

SCREENING

You should examine yourself in a bright light using a full-length mirror and a hand mirror. A health-care clinician should examine your skin, including your scalp, either on a yearly basis or more often if you feel you are at higher risk.

SYMPTOMS

Schedule a doctor's appointment for further evaluation if you notice:

- A new mole (for women older than 30);
- A mole that changes in shape, size, color or height, or is painful;
- A mole that is bleeding.

DETECTION

If melanoma is suspected, an excisional biopsy may be performed. This procedure cuts out the mole and the surrounding tissue for microscopic examination, and is usually done in the doctor's office under local anesthesia.

Ovarian Cancer

The likelihood of developing cancer of the ovary increases as you grow older, and it remains a particular challenge to detect because there are no routine screening methods.

RISK FACTORS AND PREVENTION

Known risk factors for ovarian cancer include:

- Never having had children or having a first pregnancy after the age of 30;
- Family history of ovarian cancer;
- The use of talcum powder in the genital area;
- Personal history of endometrial, colon, or breast cancer;
- Taking fertility drugs is a possible risk.

Increasing physical activity, avoiding talcum powder, and taking oral contraceptives ("the pill") for five years have all been shown to reduce your risk of ovarian cancer.

Increasing physical activity, avoiding talcum powder, and taking oral contraceptives ("the Pill") for five years have all been shown to reduce your risk of ovarian cancer.

SCREENING

There is no screening for ovarian cancer but, on a yearly basis, all women age 40 and older should have a full pelvic exam as part of their routine medical checkup. Any woman with a strong family history of ovarian cancer should discuss the risks with her doctor.

THERE IS NO SCREENING FOR OVARIAN CANCER BUT, ON A YEARLY BASIS, ALL WOMEN AGE 40 AND OLDER SHOULD HAVE A FULL PELVIC EXAM AS PART OF THEIR ROUTINE MEDICAL CHECKUP. ANY WOMAN WITH A STRONG FAMILY HISTORY OF OVARIAN CANCER SHOULD DISCUSS THE RISKS WITH HER DOCTOR.

THE LIKELIHOOD OF DEVELOPING CANCER OF THE OVARY INCREASES AS YOU GROW OLDER, AND IT REMAINS A PARTICULAR CHALLENGE BECAUSE THERE ARE NO SCREENING METHODS.

SYMPTOMS

Symptoms most commonly noticed are:

- Bleeding that is not part of your normal cycle;
- Gas;
- Diarrhea;
- Constipation;
- Constantly needing to urinate;
- Stomach problems; for example nausea, vomiting, or indigestion;
- Back pain;
- Constant fatigue;
- Losing or gaining weight without trying.

DETECTION

If a woman is suspected of having ovarian cancer, the diagnosis can be made through a series of medical procedures:

- A pelvic exam;
- A blood test;
- An ultrasound;
- A biopsy.

Uterine Cancer

Because there is no screening for uterine cancer and most of the known risk factors (other than weight and diet) are medical conditions and difficult to control, it is especially important to know what can be done to reduce your risk of developing uterine cancer.

Cancer of the uterus, or womb, is estimated to develop in one woman out of 38. Most women with uterine cancer are between 50-74 years of age.

RISK FACTORS

In addition to age, several other risk factors include:

- Family history of uterine cancer;
- Being more than 20 pounds overweight. The risk of uterine cancer is 9 times greater in women 50 pounds or more overweight;

Two of the most commonly experienced signs of uterine cancer are also the warning signs of several conditions that are not cancer, so seeing a doctor promptly is important.

- Never having given birth;
- Having cysts or tumors on the ovaries;
- Taking estrogen after menopause without progesterone;
- Taking tamoxifen, a drug given to women who have had breast cancer to lower the risk of recurrence;
- Late menopause;
- A high-fat diet;
- Having high blood pressure, diabetes, or gallbladder disease;
- Having ovaries that do not produce eggs or other menstrual problems;
- Radiation therapy to the pelvic region.

PREVENTION AND SCREENING

Because there is no screening for uterine cancer and most of the known risk factors (other than diet and weight) are medical conditions and difficult to control, it is especially important to know what can be done to reduce your risk of developing uterine cancer.

- If you currently take estrogen after menopause, consult your doctor about the possibility of also taking progesterone;
- Maintain a recommended weight;
- Eat foods low in fat.

SYMPTOMS AND DETECTION

Lower back or abdominal pain and abnormal bleeding (particularly between menstrual periods or after menopause) are two of the most commonly experienced signs of uterine cancer. These same symptoms are also the warning signs of several conditions that are not cancer, so seeing a doctor promptly is important.

If it is suspected that a woman has uterine cancer, a doctor will generally require a pelvic exam and a biopsy of the lining of her uterus (endometrial biopsy). A dilation and curettage (D&C), which involves scraping the wall of the uterus, may also be performed.

IT'S REASSURING TO KNOW THAT THERE ARE PREVENTIVE MEASURES THAT HELP PROTECT WOMEN AGAINST CANCER. THE MOST IMPORTANT INCLUDE NOT SMOKING, A HEALTHY DIET, ADEQUATE PHYSICAL ACTIVITY, PROTECTION FROM THE SUN, AND MAINTAINING A HEALTHY ENVIRONMENT.

GLOSSARY

Basic definitions of some of the terms used in this booklet:

BENIGN: Showing no signs of disease. (In regard to cancer, the opposite of "malignant.")

BIOPSY: The removal of cells, fluid, and/or tissue for microscopic examination.

CANCER: Uncontrolled reproduction of abnormal cells that tend to invade surrounding tissue and result in a solid mass or tumor. Cancer cells may move from one part of the body to another and the cells in the newer location will be the same as those at the original site.

CHEMOTHERAPY: The treatment of cancer with chemicals or drugs that are designed to stop cancer cells from growing.

COLONOSCOPY: A visual exam of all five feet of the colon using a slender, lighted instrument inserted into the rectum.

CROHN'S DISEASE: A chronic condition of the intestinal tract (colon and/or small intestine) whose symptoms include ulcers and inflammation of the bowel, producing frequent diarrhea, abdominal pain, nausea, fever, and weakness. This condition may indicate an increased risk of contracting cancer of the colon.

DYSPLASIA: General term for any change or development in cells, as in the shape or size of cells.

ENDOMETRIUM: The lining of the uterus.

ESTROGEN: A hormone produced chiefly by the ovaries and responsible for producing the menstrual cycle and secondary female sex characteristics (for example, breast development in adolescence).

FIBER: Food content that adds roughage to the diet. Foods rich in fiber include whole-grain cereals, nuts, fruits, leafy and root vegetables.

FOLIC ACID: One of the B-complex vitamins essential for cell growth and reproduction. Food sources include green leafy vegetables, liver, kidney, and whole-grain cereals.

GENE: A basic unit of inheritance; the part of the body (in the chromosomes) that passes physical characteristics from the parent to the child.

GYNECOLOGY: The care, diagnosis, and treatment of the female reproductive system.

HODGKIN'S DISEASE: A form of cancer affecting the lymph nodes (see glossary listing) and other tissues that play a part in an individual's ability to fight infection.

LYMPH NODE: A small, oval or round body (also called gland) that supplies certain fluids to the bloodstream, removing bacteria, foreign substances, and cancer cells from the tissues. Lymph nodes act as our first line of defense against infections and the spread of cancer. Lymph nodes often are where cancer goes first when it spreads from its original site.

MALIGNANT: Cancerous.

MENOPAUSE: Cessation [gradual end] of menstruation.

ONCOLOGIST: A doctor who specializes in dealing with tumors and cancer.

POLYP: A growth, usually benign, most commonly arising from a mucous membrane (for example, the uterus or colon).

PRECANCEROUS: Cells or tissues that may or may not develop into cancer.

SCREENING: Methods of testing a person with no symptoms for signs of disease.

SECONDHAND SMOKE: Smoke in the air from cigarettes.

SIGMOIDOSCOPY: A screening procedure for colorectal cancer in which a slender, lighted instrument is inserted into the rectum for a visual exam of the first two feet of the colon.

TISSUE: A cluster of similar cells acting together to perform one or more specific functions in the body. There are four basic types of tissue: muscle, nerve, epidermal (skin), and connective.

TUMOR: A lump, mass, or swelling caused by the multiplication of cells. A tumor can be either benign (non-cancerous) or malignant (cancerous).

ULCERATIVE COLITIS: A recurring inflammation of the large intestine and rectum. Symptoms include abdominal pain, diarrhea, and fever. This condition increases a person's risk for developing colon cancer.

RESOURCES

American Cancer Society, Massachusetts Division
(includes information on local free and low cost cancer screenings)
1-800-ACS-2345

Cancer Information Service (National Cancer Institute)
1-800-4-CANCER

Smokers' Quitline
1-800-TRY-TO-STOP (1-800-879-8678) in English
1-800-8-DEJALO (1-800-833-5256) in Spanish
1-800-TDD-1477 (1-800-833-1477) for the hearing impaired

Massachusetts Department of Public Health

Breast and Cervical Cancer Initiative
617-624-5070

Health Promotion, Nutrition, and
Chronic Disease Prevention Programs
617-624-5070

Tobacco Control Program
617-624-5900

Massachusetts Cancer Registry
617-624-5645

Environmental Health Assessment
617-624-5755

Family Planning Programs
617-624-6060

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, Massachusetts 02108-4619

Argeo Paul Cellucci, *Governor*
William D. O'Leary, *Secretary*
Howard K. Koh, MD, MPH, *Commissioner*

September, 1997